	LIST OF FLECT		Political Party
-	LIST OF ELECT		-1 6
commencing with their appointment			Election for a term of two years lified.
Date	Signature of Chair-Political Party		
County)		
Township	(To be completed by township counties only)		
Precinct)		
NAME	ADDRESS	TELEPHONE	SOCIAL SECURITY NO.
Precinct			
Principal:			
1.)			
2.)			
3.)			
Supplemental:			
1.)			
2.)			
3.)			
Precinct			
Principal:			
1.)			
2.)			
3.)			
Supplemental:			
1.)			
2.)			
3.)			

Use as many sheets as needed. Additional sheets do not need chair's certification.